

| |
|--------------------|
| PLANNING |
| RECOMMENDATION |
| SIGNATURE AND DATE |

CITY OF RENO

SUPPLEMENTAL APPLICATION

1 East First Street • 2nd Floor • Reno • Nevada • 89501
P.O. BOX 1900 • RENO • NEVADA • 89505
775.334.2090 ph 775 334 6336 fx
PLEASE PRINT WITH BLACK/BLUE INK ONLY

| | |
|--|--|
| For internal use only | |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Home Based |
| <input type="checkbox"/> Not in city(NIC) | <input type="checkbox"/> Admin Office |
| <input type="checkbox"/> Dancer | <input type="checkbox"/> Special Event |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Shared Space/ Booth Rental | <input type="checkbox"/> TSFR _____ |
| <input type="checkbox"/> Privilege License | <input type="checkbox"/> Other _____ |

1. TODAY'S DATE: _____ 20____ 2. DATE OF CHANGE: _____ 20____

3. BUSINESS NAME: _____

4. CORPORATE NAME (if applicable): _____

5. LICENSEE'S FULL NAME: _____ 6. DATE OF BIRTH: _____
(MUST BE AN INDIVIDUAL'S NAME)

7. FEDERAL TAX ID# (EIN): _____ (Required if Corporation) 8. BUSINESS PHONE: _____

9. BUSINESS PHYSICAL ADDRESS: _____ 10. ALTERNATE PHONE: _____

SUITE: _____ CITY: _____ ST: _____ ZIP: _____

11. BUSINESS MAILING ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

12. ☐ SOLE PROPRIETORSHIP ☐ PARTNER ☐ CORPORATION ☐ LLC ☐ ASSOCIATION/ EMAIL ADDRESS _____

13.

| |
|--|
| DESCRIBE NATURE OF BUSINESS, PRODUCTS TO BE SOLD, SERVICES TO BE RENDERED, ETC. BE SPECIFIC AND COMPLETE. |
| |
| |
| |

14. List individuals with interest or ownership in the business

| FULL NAME | TITLE | ADDRESS | DOB |
|-----------|-------|---------|-----|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

15.

| | | |
|--|----------------------------------|--------------------|
| <input type="checkbox"/> CHANGE OF PHYSICAL ADDRESS <input type="checkbox"/> CHANGE OF BUSINESS NAME <input type="checkbox"/> CHANGE OF LICENSEE <input type="checkbox"/> OTHER | DATE OF CHANGE: | # OF RENTAL UNITS: |
| | PREVIOUS PHYSICAL ADDRESS: | |
| | PREVIOUS BUSINESS NAME: | |
| | NAME OF PREVIOUS OWNER/LICENSEE: | |

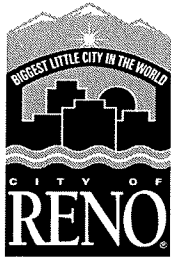
16. If this applying individual or any member of this applying firm has been convicted in this state or elsewhere within the past ten years of any offense, not including minor traffic offenses, please state the offense or offenses and the punishments assessed therefore.

I CERTIFY UNDER PENALTY FOR PERJURY THAT THE INFORMATION SUBMITTED ON AND WITH THIS APPLIATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

17. SIGNATURE: _____ TITLE: _____ DATE: _____

| | | | |
|---------------------|---------------|-----------|------------------|
| Business License : | Fee \$ | Receipt # | Effective Date: |
| Penalty Fee: | Fee \$ | Receipt # | Expiration Date: |
| Zoning Inspection : | Fee \$ 100.00 | Receipt # | Sewer Account: |
| Administrative Fee: | Fee \$ 23.00 | Receipt # | Parcel #: |
| Other Fee: | Fee \$ | Receipt # | |

| HEALTH RECOMMENDATION | POLICE RECOMMENDATION | FIRE RECOMMENDATION | OTHER RECOMMENDATION | ACCOUNT NUMBER |
|--------------------------|--------------------------|------------------------|-------------------------|----------------|
| | | | | |



BUSINESS LICENSE REVIEW FORM

CITY OF RENO REVENUE DIVISION

PO Box 1900 • Reno • Nevada • 89505
1 East 1st Street • Reno • Nevada • 89501
Phone: 775.334.2090 Fax: 775.334.6336

***BUSINESS ACTIVITY
MAY NOT START
PRIOR TO
APPROVALS***

The following information will be used to review your application. **Incomplete applications cannot be accepted.** Be advised that your proposed use must be permitted in the zoning district in which it is located. Applications cannot be approved if there are current violations at the site proposed location. Business Activity must not begin prior to the approval of the operation.

TO BE COMPLETED BY APPLICANT

BUSINESS NAME: _____ PHONE: _____

BUSINESS ADDRESS (With Suite #) _____ STE # _____

Parcel # _____ *Available from the Assessor's @ 328-2277

LANDLORD/BUILDING OWNER: _____ PHONE: _____

PROPOSED TYPE OF BUSINESS: _____

PREVIOUS TYPE OF BUSINESS: _____

Please read the following and mark the box that applies to you:

- | | | |
|--|-------------------------------------|--------------------------------------|
| 1. Is the location of your business in a commercial or residential structure? | <input type="checkbox"/> Commercial | <input type="checkbox"/> Residential |
| 2. Is the location of your business newly constructed or has it had a building permit in the last 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are you changing the use of the building? (Examples: house to office, office to restaurant or deli, single family home to group home, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are you making any changes to the building structure? (Examples: add or remove walls, doors, or windows, change stairs or stairway, etc) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are you adding or changing heating, ventilation, air conditioning, or refrigeration? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are you adding or changing plumbing (Examples: sinks, toilets, showers, bathtubs, etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Are you adding or changing electrical (Examples: new lights, switches, outlets, etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Are you adding or changing a paint booth, or racking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered YES to any of the above, you must obtain a Building Permit and/or an inspection from the Community Development Department at 450 Sinclair Street, 334-2063, or the Building Department may be contacted through www.cityofreno.com. Failure to obtain the proper permit and/or inspections may result in denial of this Business License application.

Please be aware that if, in the future, you make any changes to your building as listed above, you must obtain a Building Permit or an inspection from the Community Development Department.

Falsifying this statement is grounds for revocation of the Business License.

Customer's Signature

Today's Date

Account # _____

FOR OFFICE USE ONLY, DO NOT WRITE BELOW THIS LINE

REVENUE DIVISION

Previous business license at this address: ☐ NO ☐ YES: _____ Date OOB: _____

Name of Licensee/Business/Type of Business: _____

Residential Rental Units: List previous owner: _____ # of Units: _____

Reviewed By: _____ Date: _____

PLANNING

Zone: _____ ☐ Approved ☐ Denied ☐ Site Inspection: No Yes/Date _____

Comments/Restictions: _____

Reviewed By: _____ Date: _____

BUILDING & SAFETY DIVISION

Based upon the information provided, a Certificate of Occupancy/Inspection:

☐ Is not necessary ☐ Is necessary and has been conducted ☐ Denied pending inspection

Reviewed By: _____ Date: _____

CODE ENFORCEMENT-Inspection due to the SafeScape requirement

☐ SafeScape Approved ☐ Denied

Comments: _____

Reviewed By: _____ Date: _____